

Office Address: 1025 31st St SE Mailing Address: PO Box 5006

Minot, ND 58702

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(701) 420-4524

Application for City of Minot Façade Improvement Program

APPLICANT INFORMATI	ON			
Building Owner	Addres	s		Primary Contact?
Phone	Email			
Applicant (if different)	Addres	SS		Primary Contact?
Phone	Email			
Is the applicant a subsidiary or direct	ct/indirect affiliate of a	ny other organizatio	n? Yes No	
GENERAL INFORMATIO	N			
Building Address		Property Zonin	g	
Year building was built and (approx	imate) dates of any ex	terior changes?		
Is the property currently occupied?	Yes No			
If no, what is the current use of the	property?			
Please list each occupant of the faci occupancy of the facility to be finan			n of the business use, the	ir percentage of
Occupant 1 Business Type	%Occupancy	Lease Term	Current Jobs	Proposed Jobs
Occupant 2 Business Type	%Occupancy	Lease Term	Current Jobs	Proposed Jobs
Occupant 3 Business Type	%Occupancy	Lease Term	Current Jobs	Proposed Jobs
ADDITIONAL PROPERTY O	OWNER INFORMA	ATION: list all add	litional property owners l	below
Additional Property Owner 1		Address		
Phone		% Ownership		
Additional Property Owner 2		Address		
Phone		% Ownership		
Does any individual person or organ No	nization not listed above	ve hold any interest i	n the property, directly of	or indirectly? Yes
REQUIRED SUBMISSION Letter from licensed roofing		or engineer of 10 <u>-</u> ye	ear roof life (with Photos))
Proof of ownership and lega	l description			
Submit clear 5 X 7 inch pho any details to be repaired, re	emoved, etc.) of the entire façade, inc	cluding separate photos of
Submit/attach a copy of Mir Submit copies of any historia			etronic preferred or 5 X 3	7 or larger)
Drawings of existing façade				or import
Drawings of proposed facad				

PROVIDE DESCRIPTION OF THE ORIGINAL F	CADE (Materials	, width and height.	windows,	year, style, design)
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(Please ask your designer staff for some help if you need any advice)

Equity/Investors Amount _____

Expected City Contribution

Other Amount _

PROVIDE DESCRIPTION OF RENOVATED FAÇADE (Materials, width and height, windows, year, design)

(Please ask your designer staff for some help if you need any advice) (You may wish to consult an architect or design professional)

professional)	
WORK TO BE PERFORMED (May submit on a separate sheet)	Estimated Cost
Design work	
Removal of inappropriate materials and other demos	
Repair or Replacement of display windows with	
Repair or Replacement of 2 nd Floor and above façade windows (please talk to staff about this in advance) Installation of interior/exterior storm windows	
Repair or Replacement of doors with	
Cleaning of masonry (NO Sand or abrasive blasting)	
Repoint, Tuck Point Masonry	
Replacement of Masonry (if necessary)	
Repair or replacement of cornices or other decorative elements)	
Improvement of INTERIOR display windows (must include lighting, consider timer)	
Installation/repair of retractable or fixed awnings	
Building, planning, and encroachment fees (if required)	
Installation of sign lighting	
Installation of exterior lighting	
Repair of ornamental elements	
Other (list or attach)	
Contingency for demolition/hidden changes not to exceed 7%	
	Total Cost
AMOUNT AND SOURCE OF OTHER FUNDS INVOLVED IN PROJECT	<u>, </u>
Applicant Amount	
Bank Amount	

Revision Date: 9/9/22

BID INFO	ORMATION ON SEPARATE PAGE <u>S</u>	
	OT OBTAIN OR SUBMIT BID PAGES TO CITY STA THE RENAISSANCE ZONE REVIEW BOARD	AFF WITHOUT A FINAL DESIGN APPROVED BY STAFF
List of	three contractors bids for complete bid (Attach bids or	written requests for bids)
LOW	1	
MID	2	
HIGH	3	
PUBLIC II	NFORMATION DISCLOSURE	
	Written permission from the property owner to apply perform work	ly and (Name)
	Attach written permission to this application (corpor	rate authorization if needed)
behalf o		d accurate and that I am authorized to submit an application as, or on with all requirements of the Façade Improvement Program and the
	Signed	Date
	s the use of public funds and as such may be made public purs	Date ed in connection with their application for the Façade Improvement Grant resuant to the statutes of the United States of America and the State of
	Applicant's Signature	Date
agrees the maximum above the	hat facing unknown structural and cosmetic repairs are inhered to motwithstanding, that the applicant(s) will be responsible to	de Program application, guidelines, policies, and all related materials and ent in the renovation process and that amendments for costs up to the to complete work according to all guidelines and for overages that occur me of approval. Before work can begin, the applicant will schedule an onnent Administrator or the city's representative.
	Applicant's Signature	<u>Date</u>
Daviery/	Approval by Renaissance Zone Review Committee Ye	es No Date:

Revision Date: 9/9/22 3

On-Site: ALL Floors

On-Site: Upper Story Evaluation

Design Review

Date:

Date:

Date: